

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/806589 FILING DATE

APPLICANT(S)

CLAIMS

| AS FILED | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|---------------------|------|---------------------|------|
| | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | |
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| 6 | (1) | | | |
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| TOTAL IND. | | | | |
| TOTAL DEP. | 11 | | | |
| TOTAL CLAIMS | 12 | | | |

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| 100 | | | |
| TOTAL IND. | | | |
| TOTAL DEP. | | | |
| TOTAL CLAIMS | | | |